

7 = 1940

No. 2
-11-10-39
5-17-39
P1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **3694**

Registration District No. **784**

Primary Registration District No. **121**

Registrar's No. **271**

FILED FEB 13 1940

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day 23 hrs.
In this community 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No. 3814 Manola
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Cecil Tymm **500**

3. (b) If veteran, name war ? 3. (c) Social Security No. 710

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife May 6. (c) Age of husband or wife if alive ? 62 years

7. Birth date of deceased June 28 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 7 9 hr. min.

9. Birthplace Marple England
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Railroad Clerk

MOTHER FATHER { 12. Name Jesse Tymm **4**
18. Birthplace ? England **4**

MOTHER FATHER { 14. Maiden name UNKNOWN Middleton **4**
15. Birthplace unknown England **4**

16. (a) Informant MAY TYMM **4**

(b) Address 3814 MANOLA AVE

17. (a) BURIAL (b) Date thereof Feb 8 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WAKWOOD PARK

18. (a) Signature of funeral director Orchmann + Harrel
(b) Address 1905 Union Blvd

19. (a) FEB 7 - 1940 (b) TR. M. D. D. G.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6
year 1940 hour 10 minutes 45 A. M.

21. I hereby certify that I attended the deceased from 2-4-40
19 , to 2-6-40, 19 ;

that I last saw h. alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease **1493?**
Due to
Due to **9582**
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
23. Signature Maurice D. Murphy (M. D. or other)
Address St. Louis County Hospital Date signed 2-6-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 7 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

R. M. Sanford

Licensed Embalmer No. 2273

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.